

## **Health risk behaviours and its effects on employee's productivity in selected oil and gas servicing companies, in Port-Harcourt**

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**This study is about, health risk behaviours and its effects on employee's productivity in selected oil and gas servicing companies, in Port-Harcourt. The study used the survey research design, and the purposive sampling technique was used to select the sample industries, while 50% of the workers of the sampled industries, were sampled for the study. Copies of questionnaire were used to collect information regarding the subject matter from the respondents. Data generated were presented in tables, while percentages were used to draw conclusions on the issues of interest. Findings include, the majority of the workers (60.6%) do not engage in exercise. They do not plan their meals (83.34%) and do not rest (84.9%). On the other hand they consume alcohol a lot (76.1%). Furthermore, 32.6% of the total respondents suggested that health risk behaviours of the workers had effects on work productivity in the area. As a result, the study advocates the need to set up a taskforce to ensure that, the workers practice an effective health style and that supervisors of the workers engage the workers in round table discussions to help resolve the internal problems of the workers amongst others.**

**Key words:** Risk-behaviours, productivity, Port-Harcourt, Workers, Industry.

### **INTRODUCTION**

Health is the general condition of a person in all aspects. It is also a level of function and/or metabolic efficiency of organism, often implicitly human (Williamson, 2000). Health is defined as being a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1979; Jadad and Grady, 2008). The World Health Organisation (WHO) (2002) noted that recourse to health is important to everyday life not

only for the sake of living, but emphasis is also on personal resources and physical capacities. The state of one's health reflects an individual capability to cushion the challenges of life and to remain at the apex of its functionality. These require the several of one's make up such as, socio-psychological wellness that will enhance support to one another and tremendous influence (Nwachukwu, 2000; Clarke, 2009; Cooper and Phillips, 2004).

Furthermore, lack of physical activity in daily life is high risk health behaviour, this in combination with poor nutrition could lead to severe health problems such as, high blood pressure, type (II) diabetes, Osteoporosis. These are health risks that ordinarily can be managed through exercise. Therefore, not exercising regularly could reduce heart and lung functioning, subsequently increase risk for poor blood flow through the body. Additionally, inactivity prevents the muscles from building up, prevents oxygen consumption from maximum to the body and limits the body's immunity to fight fat to decrease the risk of obesity (Kirsten, 2010; Flin et al., 2000; Griffin and Neal, 2000; Guldenmund, 2000; Haugen et al., 2012). Over eating puts more than just your physical health at risk. Overeating can affect your mental health, yourself esteem and your social and family life (Wu et al., 2007; Zohar, 2000; Zohar and Luria, 2004; Zohar, 1980). Generally, the effect of overeating extends far beyond the health risks of obesity and disease, but often can put one at risk of diabetes, heart disease, arthritis, cancer and other health problems (National Eating Disorder Association NEDA, 2005).

On the flip side, Bellamy et al., (2008), recognized the importance of human factors in occupational safety accidents and posited that it is the responsibility of both the management, workers to negotiate and work safely. Bellamy et al., (2008) viewed human factors in the area of workers disciplinary attitude towards their work and the environment and summed it up as human operations. In which case, they meant that, it is the safety behaviour and the health status of the workers that determine work progress at work places. Therefore, an action that motivates and improves workers safety, behavioural constraints, is referred to as behavioural factor. Any act or action that leads to risk reduction thereby reducing accidents and injuries is safety-based behaviour. Krause and Russell, (1994) posited that, worker who are present or involved in injury situations have too riskier behaviour. Cox et al., (2004), noted that accident reoccurrence within a particular time is not caused because of the previous experience, but it is behaviour-based safety involvement that requires training and retraining of workers towards a change of behaviour and modified attitude to act safely.

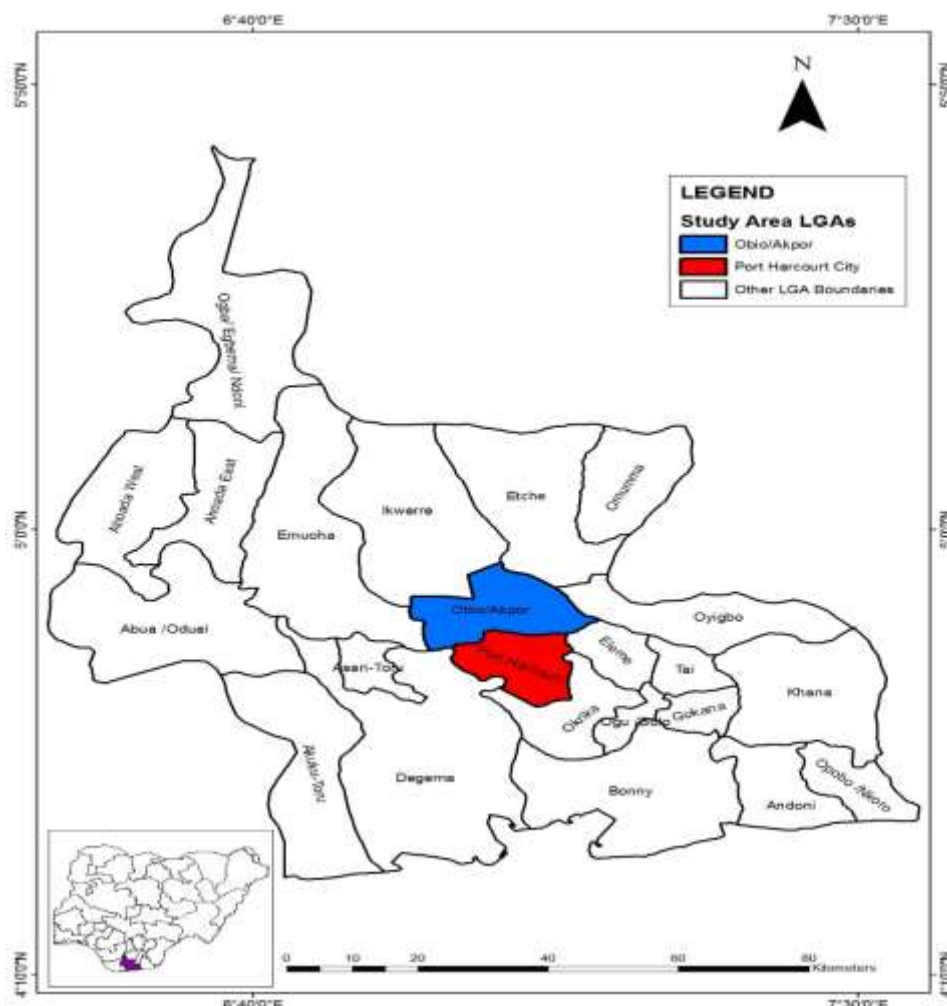
Generally, health risk behaviours are known to affect workers' productivity (Onuzulike, 2004; Achalu, 2005; Mmom, 2003; Kane, 2010; Kilskar et al., 2016; Kongsvik et al., 2012; Kongsvik, et al., 2011;

Kvalheim and Dahl, 2016). This is the perceived case in the study area. Most of the workers indulge in activities that would ultimately affect work productivity, or in some other cases lead to accidents. The reason for this is that, employers care less about the workers wellbeing since there are very many alternatives to pick from, and the workers have no formidable trade union. Therefore, most of the time workers are forced to work against their health, or work while productivity is hindered. This study therefore looks at Health risk behaviours and its effects on employee's productivity in selected oil and gas servicing companies, in Port-Harcourt.

## MATERIALS AND METHODS

This research was conducted in the oil rich city of Port Harcourt, which is located on latitudes 4°51' 30"N and 4° 57' 30"N and longitudes 6°50' 00"E and 7°00' 00"E in the south-south geopolitical zone of Nigeria. The area is recognised as one of the major producers of crude oil for Nigeria as a country (see [Figure 1](#)). The large amount of crude deposit in the area is said to attract the oil servicing companies into the area. As such, there are numerous oil servicing firms in the area.

To carry out this study, the researchers utilised the purposive sampling technique; in which case, three notable oil servicing firms (Triumph power oil and Gas systems Ltd., Sunatech International Ltd and Lewis oil and gas) were selected in the area. The purposive sampling technique was used because very few companies were willing to expose their workers to interrogation during work hours. After which the researcher selected 175 workers of the 350 workers, as target population. This represented 50% of the total worker population of the nominated oil servicing companies who were direct field workers. Field workers were selected because these are mainly the workers who are prone to health risk behaviours (Onuzulike, 2004; Achalu, 2005; Mmom, 2003; Kane, 2010; Kilskar, et al., 2016; Kongsvik, et al., 2012). Copies of questionnaire were used to collect information regarding the subject matter from the respondents. The questionnaire was designed to capture items relating to health risk behaviours amongst employees of oil servicing companies, effects of health risk behaviour and employee productivity, Ability to work for eight hours and more daily, Willingness to change health risk behaviour, Availability of Health Promotion Programs, Data



**Figure 1.** Rivers State map showing the study area.

Generated were presented in tables, while percentages were used to draw conclusion on the issues of interest. The  $\chi^2$  test was used to validate or invalidate the statement “health promotion programmes do not influence employees to change health risk behaviours in the area”.

## RESULTS AND DISCUSSION

In **Table 1**, the health risks behaviour associated with workers in the oil and gas servicing firms are shown. In the table, it is lucid that the majority of the workers (60.6%) do not engage exercise. They do not plan their meals (83.34%) and do not rest (84.9%). On the other hand, they consume alcohol a lot (76.1%). These are health risk behaviours that could result in the poor performance at work place, lead to sickness

or even death. The reason for these occurrences is not farfetched; the workers are made to work round the clock so that by the time they close from work there is hardly any energy left to carry out any other activity. More so, the workers do not have extra time to go get good food due in part to the fact that targets are always set to be accomplished. These findings have been corroborated by Onuzulike, (2004; Achalu, (2005); Mmom, (2003) and Kane, (2010); but it however disagrees significantly with that of Haugen et al., (2012).

**Table 2** shows response of respondents to health risk behaviour effects on employee productivity. In the table, 45 respondents representing 25.7% of the population agreed that health risk behaviour affect employee productivity, 57 respondents representing 32.6% strongly agreed to the assertion. On the other hand, 20% of the population disagreed that health

**Table 1.** Identified health risk behaviours amongst employees of oil servicing companies in the study area.

S/N	Health Risk Behaviors	Frequency			
		Yes	%	No	%
1	Do not exercise	106	60.6	69	39.4
2	Do not Plan meals	29	16.7	146	83.34
3	Do not maintain low sugar intake	115	65.6	60	34.40
4	Consume fast foods	58	33.5	117	66.50
5	Not having adequate sleep	96	54.6	79	45.40
6	Do not get enough rest	148	84.9	27	15.10
7	Not socializing with friends	98	56	77	44
8	Smoking	61	34.9	114	65.10
9	Alcohol consumption	133	76.1	42	23.90

**Source:** (Authors field work, 2018).

**Table 2.** Perception of the effects of health risk behaviour and employee productivity in the study area.

Response	Frequency	Percentage
Agreed	45	25.7
Strongly agreed	57	32.6
Disagreed	35	20
Strongly disagree	38	21.7
<b>Total</b>	<b>175</b>	<b>100</b>

**Source:** (Authors field work, 2018).

**Table 3.** Ability to work for eight hours and more daily.

Response	Frequency	Percentage
Agreed	38	21.7
Strongly agreed	49	28
Disagreed	52	29.7
Strongly disagree	36	20.6
<b>Total</b>	<b>175</b>	<b>100</b>

**Source:** (Authors field work, 2018)

21.7% of the population strongly disagreed to the assertion. In effect, one can conclusively state that, the respondents concur to the fact that, the workers' health risk behaviour, have serious effect on worker productivity. The reasons for this, is not farfetched. Bellamy et al., (2008), put it succinctly, that the workers performance cannot be separated from his way of life. The number of times they will be tire, fall sick and be absent from work is related to what they eat, what they do after work and how much they keep the body fit through exercises. This finding however, corroborates that of Cox et al., (2004).

**Table 3** shows response of respondents' ability to work for eight hours and more daily. In the table, 38 respondents representing 21.7% of the population agreed that they are able to work for eight hours and more daily, 49 respondents representing 28% of the population strongly agreed to this, 52 respondents representing 29.7% of the population disagreed on their ability to work for eight hours and more and 36 respondents representing 20.6% of the population strongly disagreed to this assertion. The fact is that working on an eight hour stretch without recess is a health risk behaviour which in itself could lead to accident. As identified by Kirsten, (2010), Flin et al., 2000, Griffin and Neal, 2000; Guldenmund, 2000; that most accidents that occur at work environments are related to not taking breaks at intervals that are conducive for the worker.

risk behaviour impact on employee productivity and

**Table 4.** Willingness to change health risk behaviour.

Response	Frequency	Percentage
Immediately	56	32
In the next six months	49	28
Thinking about changing	29	16.6
Not ready to change now	41	23.4
<b>Total</b>	<b>175</b>	<b>100</b>

**Source:** (Authors field work, 2018)

**Table 5.** Availability of Health Promotion Programs.

Response	Frequency	Percentage
Agreed	43	24.6
Strongly agreed	51	29.1
Disagreed	39	22.3
Strongly disagree	42	24
<b>Total</b>	<b>175</b>	<b>100</b>

**Source:** (Authors field work, 2018)

**Table 4** shows response of respondents to willingness to change health risk behaviour. In the table, 56 respondents representing 32% of the population accepted to change health risk behaviour immediately if the conditions were made right, 49 respondents representing 28% of the population stated that they are willing to drop the habit within six months interval 29 respondents representing 16.6% of the population stated that they are still thinking about changing health risk behaviours, and 41 respondents representing 23.4% of the population stated that they are not ready to change now. Meanwhile, Kane, (2010), states that, it is easier to change a man's religion, than to change his personal culture.

**Table 5** shows response of respondents to availability of health promotion programmes, 43 respondents representing 24.6% of the population agreed that health promotion programmes are available, 51 respondents representing 29.1% of the population strongly agreed to this assertion, 39 respondents representing 22.3% of the population disagreed on the availability of health promotion programmes and 42 respondents representing 24% of the population strongly disagreed to this. Interestingly, the chi square test revealed that health risk behaviours have significant effect on workers'

productivity at  $P < 0.05$  ( $df = 3$ ;  $\chi^2 = 4.566$ ). Similarly, the chi-square result also show that, health promotion programmes do not influence employees to change health risk behaviours in the area at  $P < 0.05$  ( $df = 3$ ;  $\chi^2 = 1.617$ ). these findings are in tandem with those of Onuzulike, (2004); Achalu, (2005); Mmom, (2003); and Kane, (2010); but however disagrees with those of Kilskar, et al., (2016), Kongsvik, et al., (2012), who suggested in their study that health promotion programmes do influence employees to change health risk behaviours in their studies.

## CONCLUSION AND RECOMMENDATIONS

This study established that health risk behaviours among oil servicing company workers do not only have effects on the health of the workers, but that it also has significant effects on their work productivity and performance at work place. As a result of this finding, this study therefore recommends the following strategies to cushion the effects of health risk behaviours in oil servicing companies in the study area:

1. There is need to set up a taskforce to ensure that, the workers practice an effective health style in the area.
2. There is need for supervisors of the workers to engage the workers in round table discussions with the intent to find out their peculiar problems and proffer solutions to them this will ease the stress and psychological imbalance of the workers.
3. The supervisors at the oil and gas servicing firms are guided at the prompt of this study to institute periodical exercises for workers to keep them fit and encourage healthy living.
4. Finally, there is need for awareness campaign by the companies for the purpose of re-orienting the workers on the need to practice safety always.

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